Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Cor	porations	
	Fax Number	: (850)617-6381	19
From:] <u>[</u>][
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	}=
	Account Number	: I20000000019	
	Phone	: (305)552-5973	\sim
	Fax Number	: (305)675-5 944	70
_			$\ddot{\sim}$
		s for this business entity to be used for future ngs. Enter only one email address please.**	2:43
Sma	ill Address:		

FLORIDA LIMITED LIABILITY CO.
MICHIGAN INVESTMENT ENTERPRISE, LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130.00

C RICO JUL 12 2019

2019 JUL 12 PH 2:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<u>ESTMENT ENTERPRISE, LLC</u>	
(Must o	ontain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and sire	et address of the principal office of	of the Limited Liability Company is:
<u>Prîn</u>	cipal Office Address:	Mailing Address:
2000 S DIXIE H	GHWAY #205	SAME AS PRINCIPAL
MIAMI, FLORII	DA 33133	
		gistored Agent's Signature: stored Agent. You must designate an individual or
another business ontity with	an active Florida registration.)	t'are;
another business ontity with		t are;
another business ontity with	eet address of the registered agent	
another business ontity with	eet address of the registered agent	ge .
another business ontity with	eet address of the registered agent CONTADURIA VIDAL Nam	ne ' #205

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 635, F.S..

State

City

Rogistered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	ALEJANDRO PINO
1770	2000 S DIXIE HIGHWAY #205
	MIAMI, FLORIDA 33133
	Juyani, Lookapa 33133
	
(Use attachment if necessary)	
LE.V: Effective date, if other than effective date is assed, the date made of filing.)	the date of filing:
LEV: Effective date, if other then effective date is sisted, the date must be of filing.) If the date inserted in this block dument's effective date on the Dept. LEVI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
LEV: Effective date, if other then effective date is sissed, the date me of filing.) If the date inserted in this block drument's effective date on the Dept. LEVI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be list
LEV: Effective date, if other then ffective date is sissed, the date me of filing.) If the date inserted in this block dament's effective date on the Department's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be list artment of State's records.

Filing Fees:
\$125.00 Kiling Fee for Articles of Organization and Designation of Registered Agen.

\$ 30:00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)